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# Worldwide Report

EPIDEMIOLOGY

No. 265



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9 February 1982

WORLDWIDE REPORT  
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CARIBBEAN HEALTH MINISTERS TO STUDY NEW APPROACHES

Bridgetown ADVOCATE-NEWS in English 28 Dec 81 p 1

[Text]

Health Ministers from 17 Commonwealth Caribbean countries have agreed to meet in St. Kitts-Nevis next month, to set up the framework for a new approach to primary health care development in the region.

Head of the Caribbean Community (CARICOM) health desk in Guyana, Dr. Philip Boyd today described the special January 25-26 conference as of 'exceptional importance.'

The ministers, he said, would examine the basic policy issues underlying the primary health care approach arising out of a Caribbean workshop conducted in St. Lucia last June.

Dr Boyd said the single most outstanding policy issue to go before the ministers would be a fundamental restructuring of and reorientation of the regional health system that would include:

— A gradual shift of resources in the direction of primary health care;

— A system for obtaining close co-operation among the numerous agencies in an out of government that contribute

to community health (including water supplies, agriculture, health education and central planning), and

— Involvement of the mass of the people in all health activities.

Dr. Boyd said that regional Health Ministers, at their last annual conference in July in Belize, had identified nine essential components in the primary health care approach.

These, he said included nutrition, health education, special care for mothers and children, immunization and family planning, social diseases, mental health, sanitation and treatment of common ailments.

The CARICOM health expert said the primary health care approach was the acknowledged strategy for achieving health for all in the Caribbean by the year 2000.

The meeting will consider policies that have practical meaning in the everyday life of the poorest and most undeserved of the people,' Dr. Boyd said.

'In the future,' he added, 'the village may be perceived

as the true focus of health activity — the ministry and the medical institutions simply providing essential support.

"The single-minded quest for economic growth would be replaced with activities that would also reduce the serious social and economic irregularities in our society."

Dr. Boyd said it was envisaged that each CARICOM country will eventually have a written health plan, a health information system would be developed and a scheme for co-operation would be developed among the various government departments, particularly at the village level.

All 12 CARICOM states — Antigua, Barbados, Dominica, St. Lucia, St. Vincent, Jamaica, Trinidad and Tobago, Guyana, Grenada, St. Kitts-Nevis, Belize, and Montserrat — will attend next month's meeting, along with Bermuda, the Turks and Caicos Islands, Bahamas, the British Virgin Islands, the Cayman Islands and Anguilla.

AUSTRALIA

BRIEFS

SALMONELLA IN GAME MEATS--A recent shipment of wild pig and kangaroo meat sent as game meat to Europe by a Queensland company, had been rife with salmonella, State Parliament was told yesterday. The company, Game Management Pty Ltd, had been exporting meat to overseas countries, including Germany. Mr Warburton (ALP, Sandgate) asked the Primary Industries Minister, Mr Ahern, "how such a serious situation was allowed to occur in Queensland. What action is the Queensland Government taking concerning the operators of the company, and the serious effect such a finding must have on Queensland's meat export industry?" he asked. Mr Ahern said he was aware of the company's operations throughout southern Queensland, and at a boning plant at Hamilton. It had now gone into liquidation. "It should be completely understood that this operation was not licensed by the State Government, but by the Federal Health Department." Mr Ahern said because of the procedures (in-field killing) employed by the company, it would not have been licensed by Queensland authorities for domestic use. "It was operating in this way with some concern expressed by us," he said. "I would say that in the light of information supplied to this House, our fears have been realised. However, we have no control over companies prepared to do this. It's a matter entirely for the export market and the Commonwealth Government," Mr Ahern said. [Text] [Brisbane THE COURIER-MAIL in English 13 Nov 81 p 11]

CSO: 5400/9073

## SHORTAGE OF FUNDS IMPEDES SUCAM EFFORT IN COMBATING DISEASE

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 27 Dec 81 p 13

[Text] Brasilia--"Administrative difficulties involving shortage of funds which SUCAM [Superintendency for Public Health Campaigns] is now facing," will again oblige the organization to adopt "special preventive measures" to stamp out endemic diseases to prevent new increases of these diseases in 1982. This year, SUCAM did not totally succeed in carrying out its usual operational programs, particularly in the Amazon regions. The sections responsible for combating malaria, schistosomiasis, Chagas disease and yellow fever, among others less serious in terms of incidence had to make two programs for the coming year: the first, which would contain the main objectives, and the second, in keeping with the funds available.

From 1980 to this year, malaria cases have increased from 7,381 to 9,189, with the greatest incidence and increase rate in Rondonia, Para, Acre, Maranhao and Mato Grosso. In comparable terms, the incidence in the Amazon region went from 11.9 percent in 1980 to 13 percent this year. According to the report from the section in charge, the program's shortage of funds, in addition to the vast migratory influx into recent employment areas in Amazonia and the lack of sprayable surfaces in the temporary houses built in development projects, were the incomplete crew of field workers, the lack of means of transportation and of basic material--insecticides.

According to SUCAM plans, the main objectives for the coming year are decreasing the incidence in highly communicable regions, blocking transmittability in regions with low incidence and forestalling the reintroduction of the endemic diseases into regions under control. The plan for insecticide operations includes 469 towns, with 1,692,268 houses to spray in 1982. The personnel shortage for the field operations in the malaria region comes to 1,204 workers including 902 in the insecticide operations and 302 in the epidemiology operation. As to means of transportation, for the year's program to be fully carried out, there will be needed at least 200 units, including cars, boats and motorcycles.

As for Chagas, there is almost no change in the basic framework: while coping with the same difficulties due to lack of funds, lack of personnel and means of transportation, the Chagas section also has special projects for 1982. The technicians plan to set up priorities within those already drafted by Minister Waldyr Arcoverde, mainly in keeping with the carrier of the disease. According to the

report, indirect control for housing improvement "is confining itself exclusively to the sphere of sanitary activities. It would be very difficult to obtain the enormous funds which would be needed for a program aimed at reaching the entire known transmittable sector."

According to the technicians' report, the number of deaths from Chagas disease recorded in 1977 and 1978 shows a distribution which makes obvious the different risks involved and the seriousness of the disease. What also becomes obvious is the importance of Chagas disease as the cause of death in some states such as Minas Gerais, Sao Paulo, Parana, Goias and Bahia. In Minas, where the greatest incidence of Chagas disease is recorded, the yearly average is about 2,200 deaths, the equivalent of 16.65 per 100 inhabitants; the high distribution of cases is concentrated largely in the 30-49-year-old group, the one which is most economically productive. The report also underscores that "the cost of Chagas disease--because of its prevalence, its high death rate and its fatal untreatability in its chronic stage--is probably the highest of all the country's present endemic diseases."

An estimated 9.6 million inhabitants distributed among 443 towns in 16 states are in the endemic region and in schistosomiasis face. The survey objectives through laboratory examinations reach 1.2 million, which is merely a half of the people living in 112 towns of the units where treatment on a large scale is anticipated as that is where the centers of parasitic flukes are located.

Right now, yellow fever and malaria constitute Minister Waldyr Arcoverde's main concern in the region of widespread endemic diseases. The rate of reinfestation of the Aedes aegypti, the carrier of urban yellow fever, calls for urgent combat measures to avoid reaching a level of 4.0 among 100 expected cases, which the World Health Organization considers alarming. Only this week, Minister Waldyr Arcoverde received confirmation of deep concern from the Pan American Health Organization (PAHO) regarding the development of an intercontinental plan for wiping out the mosquito. However, Brazil cannot wait very long for these institutions' decisions, as it must implement an intensified domestic program to combat the Aedes.

According to the minister, he has already asked the president of the republic's secretary for planning (SEPLAN) for a financial reinforcement of about 600 million cruzeiros, to be added to the already existing 200 million cruzeiros and used for contracting personnel, acquiring material and training courses. This week, he also informed the minister that the state of Rio de Janeiro, Rio Grande do Norte and Bahia will require special attention.

8870  
CSO: 5400/2071

## EPIDEMIOLOGICAL SURVEY POINTS OUT PROBLEMS

Yaounde CAMEROON TRIBUNE in English 19 Aug 81 p 5

[Text]

The Governor of the South West Province, Fon Joseph Fosi Yakum-Ntaw, expressed appreciation to the World Health Organisation for choosing Cameroon to host the third inter-regional course in epidemiology and control of communicable diseases.

Addressing the twelve course participants when they called on him in his office recently, the Governor gave the assurance that the reports prepared by the Doctors would be fully exploited by the Cameroon government.

He pointed out that the study by the medical Doctors would greatly help the ministries of Public health and territorial administration, as well as the councils of the areas visited. The Governor said, Cameroon would always cherish international cooperation.

A spokesman of the course participants, Dr. P.K. Nunoo from Ghana, thanked the Cameroon Government, the people of Fako Division and of the South-West Province in General, for the warmth of Cameroonian and said while in Cameroon, they feel in a second home.

The Deputy Director of the course, Dr. Nchinda, told Governor Yakum Ntaw that the five-week course began with a theoretical part in Czechoslovakia and Yaounde, followed by field work in Victoria, Batoke and Muyuka areas.

The course, he explained, was aimed at collecting data in the

field, analysing it, and preparing reports for course participants who came from ten African and Middle East countries. They studied the prevalence of skin diseases hypertension and diabetes, intestinal parasites, measles and cholera in the Batoke, Victoria and Muyuka areas. They also studied the vaccination coverage among the appropriate age groups of children in the Victoria township.

It was discovered that a high prevalence of skin disease exists in Batoke and suggestions have been made that this is due to onchocerciasis. Batoke is a village of about 2000 inhabitants situated 12 kilometres west of Victoria along the West coast road.

Hypertension and diabetes were also found to be present in the Victoria region but record reviews in health centres and examinations have not been previously carried out to establish the prevalence of each of these diseases in Victoria area.

The vaccination coverage programme has not yet been officially launched in Fako division. Nevertheless, the preventive medicine mobile team has been carrying out systematic vaccinations in the villages of Fako Division on a regular basis with measles, BCG, DPT and Polio vaccines.

Three major intestinal parasites are present in Victoria, namely : ascaris, trichuris and hook worms.

CHAD

BRIEFS

OUTBREAK OF CHILDREN'S DISEASES--N'djamena, 22 Jan (AFP)--There have been reports of an outbreak of measles, chicken pox and cholera in several parts of Chad resulting in the death of several young children. This was announced by the state's Ministry of Public Health. Sources close to the ministry explain that more than 70 deaths were reported in Tibesti region--northern Chad--alone, and that a team of medical doctors from the organization Doctors Without Borders has left N'djamena for this region. The same sources disclose that the situation is particularly serious, and that numerous appeals have been made to the WHO, the UNICEF and some countries, including France to supply vaccines. [Text] [AB221626 Paris AFP in English 1301 GMT 22 Jan 82]

CSO: 5400/2078

## BRIEFS

YELLOW FEVER CAMPAIGN--Over 2.2 million people will be examined this year in connection with yaws and epidemic yellow fever in an attempt to eradicate the two diseases. The exercise is being organised by the Government of Ghana, the World Health Organisation, UNICEF, the European Community and USAID. This was disclosed to the press by Dr Victor Agadzi, a specialist in epidemiology and the operations officer of the project at a week's workshop organised for 70 Medical Field Unit (MFU) officers drawn from all over the country. The workshop, which opened last week, ended at the Madina National Women's Training Centre yesterday. He announced that 676,000 people will receive yellow fever vaccine. 90,000 people will be innoculated against measles and 150,000 women of child-bearing age will receive tetanus injection. Dr Agadzi stated that 80,000 newly born babies are to receive BCG injection whilst 1.5 million children will receive treatment against yaws. He disclosed that the project which started early last year was intended to control "precipitous increase in the prevalence of yaws and epidemic yellow fever" in the country because of the increase in the number of cases reported in recent years. [Text] [Accra DAILY GRAPHIC in English 8 Jan 82 p 5]

CHOLERA CASES--A cholera outbreak has claimed the lives of three persons. According to Dr J. F. Antwi, medical officer in charge of Miraculous Anthony's Hospital, Konongo, six persons were treated for the disease, eight others were admitted to the hospital while one major case was referred to Agogo hospital. Meanwhile, the Ashanti-Akim district medical officer of health, Dr B. Schaeffner, has dispatched a team of medical officers led by Mr R. R. Owusu, principal health superintendent, to spray the affected houses and streams at Odumasi. Mr A. A. Y. Frimpong, head of the district medical field unit told the Ghana News Agency that the unit was also immunizing the people against the disease.--GNA. [Excerpt] [Accra GHANAIAN TIMES in English 1 Jan 82 p 8]

CHOLERA DEATHS--Four people have died of cholera in southern Ghana. Member of Parliament, S. K. Boafo, has called for a medical team to be sent to the Konongo-Odumasi area affected by the outbreak, to stop it spreading. The Ghana News Agency reported in November that 21 people had died of cholera in Ghana during 1981. [Text] [London WEST AFRICA in English No 3362, 11 Jan 82 p 124]

CSO: 5400/5763

INDONESIA

BRIEFS

CHILDREN DIE OF MEASLES--Jakarta, Jan. 7--Over 40 children in the East Lesser Sunda Island of Buaya (Crocodile Island), about 1,800 kilometers east of here, have died of measles and about 50 other children have been hospitalized because of chronic lung disease, the afternoon daily Sinar Harapan said Wednesday. The regional health office chief, Dr. H. Fernandez, was quoted by the daily as saying disease has been spreading on the small island, which has less than 1,000 inhabitants, since last November. [Manila PHILIPPINES DAILY EXPRESS in English 8 Jan 82 p 7]

CSO: 5400/4917

ONGOING GOVERNMENT PROGRAM TO IMPROVE SANITATION ANNOUNCED

Kingston THE DAILY GLEANER in English 17 Dec 81 p 23

[Text] The island's public sanitary conveniences are to be repaired and refurbished in a programme starting next month.

The Ministry of Local Government has allocated \$150,000 for the first part of the programme, and additional funds are to be provided in next year's budget to continue the programme and to build conveniences in areas which are now without and are in dire need of them.

Local Government Minister Pernel Charles announced the programme at the 53rd annual conference of the Association of Local Government Authorities at the New Kingston Hotel on Tuesday.

He told the meeting: "One of the things we should hang our heads in shame about is our public sanitary conveniences. Their condition defies description." He said that directions have been given for a survey to be done and estimates prepared for refurbishing them and accordingly money had been allocated to start a phased programme of repairs in the new year.

On the matter of illegal dumping, the Minister said a new comprehensive Anti-Litter Law should be going to Parliament soon. The Government's legal officers were now doing the final drafting. Details could not be divulged but "I will only say one thing, and that is that the days of four dollar penalties are numbered. The litter bugs can start saving a lot of money if they hope to continue to indulge in their favourite pastime of illegal dumping."

Millions of dollars would be needed to adequately equip the fire services and as such he would be asking the Prime Minister to deal with the situation in the 1982/83 budget. In the meantime efforts were being made to effect improvements with construction started on two new fire stations at Negril and Christiana. Government had also secured eight new fire trucks, he said.

Mr. Charles noted that consideration had been given to ALGA's request for an increase in its subscription by the Local Authorities. The new subscription proposed had been accepted.

CSO: 5400/7521

## OVER HALF OF POPULATION SAID TO HAVE BILHARZIASIS

Mbabane THE TIMES OF SWAZILAND in English 12 Jan 82 p 4

[Article by John Murphy: "New Hope in War Against Bilharzia"]

[Excerpts]

AT Malinganbe Primary School, about 16km from Malawi's capital city, Lilongwe, children aged between eight and 12 are queuing for the treatment of bilharzia. It is a debilitating disease which, according to some estimates, affects at least half the population of the country.

Medical officer Dr. Nick Pugh, 34, a Technical Cooperation Officer (TCO) funded by Britain's Overseas Development Administration (ODA), issues 100 milligram tablets of Bilatol which will effectively treat their condition.

Alongside him, his fellow TCO Dr. Christ Teesdale, 35, receives urine samples from the children containing the tell-tale red colouring which indicates that there is blood in their urine and that they are suffering from the disease.

The two British experts, working with Malawi's Ministry of Health bilharzia control programme, are attempting to develop an effective system of treatment and control

which can be applied nationally through trained health workers.

The disease is estimated to cost Malawi at least US\$30 million annually in lowered production, absenteeism from work and medical treatment, says Dr. Pugh, a lecturer at the Liverpool School of Tropical Medicine, northwest England, who is on secondment to Malawi for two years.

Paradoxically, it is because of Mr Veri's success with development - particularly through agricultural irrigation schemes - that the incidence of bilharzia has increased. The disease is also becoming more intense, and it is this - rather than its widening prevalence - that, suggests Dr. Pugh, gives special cause for concern.

If anyone goes into water where the organisms are, they will penetrate into the body. Children swimming in this water, or women doing the family washing, are particularly at risk.

Bilharzia affects either the kidneys and bladder, or the intestine and liver - the

latter type being the more serious.

However, recent developments by the chemical industry have provided safer and more effective drugs which can be given as a single oral dose, and this has revolutionised concepts of bilharzia control.

The disease is prevalent throughout much of Africa from Egypt southwards, as well as in Latin America, and many nations are embarking on schemes for controlling it.

At one time the treatment was linked to potentially serious toxic effects, as well as being associated with the inconvenience and cost of a series of injections that required supervision.

Now that this is no longer the case, it is a question of educating local communities and showing them the positive effects of controlling the small population as well as the effective treatment with the new oral drugs.

The Malawi government

is supporting the programme and has the necessary infrastructure to mount an effective national control programme. Said Dr. Pugh: "Given the strong training component, we have every chance of succeeding."

Dr. Teesdale, from Aldridge in England's west Midlands, who has been working on this project for the ODA for four years, is primarily responsible for the training component. He said: "We hope we can train the whole of the health inspectorate to have a basic understanding of what bilharzia is and what the programme aims to do."

"Senior staff will be given extensive training in the methods of control by spraying, detection of infection in humans, and provision of treatment. They will be sent back to their own areas and be asked to do surveys and provide treatment."

MALAWI

BRIEFS

RABID FOX--Ntchisi, Monday--Twelve-year old Henderson Chimaimba was last Sunday bitten by a rabid fox at his home, Chipacha Village, in the area of Sub-Chief Chilooko. Henderson, a Standard Two pupil at Mawiri FP School met the fate on Sunday morning when he went to wash clothes at the river in preparation for the following school day. "I suddenly saw the fox chasing my dog and when I threw a stone at it, to rescue my dog, it jumped on me, biting me on the upper lip and jaw," Henderson told MANA while in his bed at the district hospital here. He said realising that he was in danger, he ran away and climbed a nearby tree, leaving his dog behind. After calling for help, people came with spears, bows and arrows to kill the animal. It was later taken to the district hospital together with Henderson who is at present receiving treatment. Meanwhile, hospital authorities who have established that the fox was rabid, have appealed to people who may have been bitten by or touched the rabid fox to report at once to the hospital for treatment.--MANA [Text] [Blantyre DAILY TIMES in English 12 Jan 82 p 10]

CSO: 5400/5771

NEI MONGGOL OUTLINES ENDEMIC DISEASE PREVENTION

SK171018 Hohhot Nei Monggol Regional Service in Mandarin 1100 GMT 16 Jan 82

[Text] Our region has achieved marked results in endemic disease prevention over the past 2 years. Nei Monggol is a region more seriously plagued by northern endemic diseases, which threaten large areas. After the third plenary session of the CCP Central Committee, our region vigorously began endemic disease prevention work. We have conducted a general survey of the endemic goiter in 65 afflicted areas and have obtained a general knowledge of the disease there. Some 9 million people were checked and 360,000 patients were treated. Throughout the region, 121 processing stations to iodize salt were established, enabling some 7.8 million people to have iodized salt to eat. In areas where iodized salt supply is difficult, public health departments used iodine oil pills or iodine oil injections to prevent or cure the disease. Medical teams were also organized by the region and leagues to cretinism-plagued areas to treat patients and train them in daily living. Clinical symptoms of the patients were alleviated and their intelligence was improved.

Jirem and Ju Ud leagues have basically ascertained the areas afflicted by fluorine poisoning and the conditions of the patients. They sank 950 anti-fluorine wells to enable 270,000 people to have drinking water containing low amounts of fluorine.

In preventing and treating brucellosis, the region has emphasized the method of immunizing animals. Nearly 18 million animals were immunized in the past 3 years. The disease afflicting both man and animals has been basically brought under control and agricultural production was protected.

In order to prevent and treat keshan disease, various localities have taken measures against cold, smoke and moisture and improved their food, water and surrounding sanitation and living conditions. They have also widely used the medicine [words indistinct], thus reducing the incidence of keshan disease. No one with this disease was found in the seven banners and counties in Ju Ud and Xilin Gol leagues in the past 2 years.

The region has also treated on an experimental basis kaschin-beck disease, whose causes are unknown.

To further the prevention and treatment of endemic diseases, all localities in our region have strengthened the building of professional endemic disease prevention workers' contingents. Through various study and advanced-study classes on endemic disease prevention and treatment, many professional workers have been trained and endemic disease prevention work has been improved. At present, there are 740 endemic disease prevention workers at or above the league and municipal levels in the region.

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

MALARIA, FILARIASIS CONTROL--Nanjing, 23 Dec (XINHUA)--The Ministry of Public Health held a meeting 13-18 December in Nanjing to exchange experience among the five provinces of Jiangsu, Shandong, Henan, Anhui and Hubei in preventing and treating malaria and filariasis. The meeting pointed out that thanks to effective prevention and treatment, both malaria and filariasis in the Huanghuai and Jianghan plains and the Nanyang basin have essentially been put under control. Compared with 1973, the incidence of malaria dropped 90 percent and that of filariasis dropped sharply in 1981. Vice Public Health Minister Huang Shuze spoke at the meeting. [Beijing XINHUA Domestic Service in Chinese 1303 GMT 23 Dec 81]

CSO: 5400/4001

PERU

BRIEFS

YELLOW FEVER EPIDEMIC--Contamana--A yellow fever epidemic killed approximately 20 children in the town of Saman, Sarayacu District, Ucayali Deputy Prefect Armindo Tuesta Del Aguila reported. [Lima EL COMERCIO in Spanish 27 Dec 81 p A-11]

POLIO CASES--Dr Galdino Torres, chief of the Lima Health Epidemiology Division, reported that cases of polio tripled in Lima in 1981 compared to those of 1980. He said that 120 new cases were reported in 1981, while in 1980 there were only 44 cases. He blamed the increase of the disease on parents who, due to ignorance, do not want to have their children vaccinated. [Lima EL COMERCIO in Spanish 22 Dec 81 p A-5]

CSO: 5400/2082

## IMMUNITY TO LEPROSY DRUG WORRISEOME

Johannesburg THE CITIZEN in English 12 Jan 82 p 3

[Article by Marilyn Cohen]

[Text]

PEOPLE suffering from leprosy are becoming immune to a drug used to treat the disease, causing fears that the incidence of the disease could increase dramatically.

According to the Rev Walter Maasch, secretary of the Leprosy Mission, an international organisation, the bacteria causing leprosy becomes immune to the drug Dapsone most commonly used to treat the disease, because patients do not take adequate or regular dosages.

"Unless any medicine is taken in proper dosages, it won't work and all that will happen is that the body will become immune to the effects of the medication," he said.

He was commenting on a report by Dr Charles Shepard of Atlanta, in the United States, in which it is said it would become more difficult to treat leprosy because of the growing immunity to

Dapsone.

According to Dr Shepard, there are about 11-million leprosy sufferers in the world, with hundreds of new cases occurring every year.

Mr Maasch said it was not unknown for patients to be discharged from hospital after the disease had been rendered non-infectious, and given a year's supply of Dapsone.

"One cannot be sure that they take the drug when they are supposed to; some even sell the tablets and others never return for follow-up treatment."

There is only one hospital in South Africa in which leprosy is treated — Westfort, outside Pretoria.

However, as very few, if any rural clinics in South Africa have the ability to treat or even diagnose leprosy, many patients reach Westfort when the disease is in an advanced stage. An-

other problem is that these clinics cannot ensure that the patient's follow-up treatment is carried out correctly.

The Professor of Dermatology at Medunsa, Dr Joyce Schultz, told a College of Medicine symposium last year that as all leprosy patients treated at Westfort were rendered non-infectious within six weeks, it was not necessary to keep them in hospital for long periods.

While immunity to Dapsone is increasing in South Africa, Mr Maasch said there were two other drugs available which were effective for the treatment of leprosy. However, these were between 20 and 25 times more expensive than Dapsone.

"When the growing resistance to Dapsone became apparent nearly two years ago, the World Leprosy Mission had to increase its budget for drugs by nearly R100 000," he said.

CSO: 5400/5768

REPORTAGE ON PROGRESS OF CHOLERA SPREAD

KwaZulu Hit

Johannesburg THE STAR in English 28 Dec 81 p 7

[Text] Seventy more cases of cholera were reported on Christmas Day as the epidemic continues to sweep through kwaZulu.

The deputy director-general of health services, Dr James Gilliland, said in Pretoria that the incidence of the disease had been receding until the latest outbreak.

A total of 533 cases have been confirmed in Natal and kwaZulu.

Dr Gilliland said there was no danger of the disease getting out of hand, and an emergency clinic had been set up at Mapumulo near Stanger.

It is manned by doctors from the kwaZulu Department of Health, Welfare and Pensions and the South African Defence Force's Civilian Affairs Programme.

They are dispensing chlorine tablets to local people and holiday makers, and have appealed to anyone using the polluted Ingwavuma River to purify the water and observe normal personal hygiene.

The river's source is in Swaziland, and it flows through kwaZulu into Mozambique, where a substantial number of cholera cases have been reported.

Dr Gilliland said only 20 percent of the people with the cholera germ were ill--the rest were "healthy carriers."

The concerted action against the disease had been a success until the latest outbreak. There have been no new cases reported in the northern parts of kwaZulu, where the cholera appeared originally.

## Cases in Natal

Johannesburg THE STAR in English 29 Dec 81 p 7

[Article by Pamela Kleinot]

[Text] While three medical experts believe the cholera epidemic now raging in the northern and eastern parts of the country may spread, a spokesman for the Department of Health says the epidemic might ebb.

These conflicting opinions follow a flare-up of the killer disease, mainly in Natal where hundreds of cholera cases have been reported since Christmas Day.

At least 18 patients were admitted to Jubilee Hospital, in Temba, near Hammanskraal, at the weekend, bringing the total number of cholera sufferers in the ward to 28.

Dr James Gilliland, Deputy Director-General of health services, said the upsurge in the number of cholera cases was due to the holiday movement of travellers from infected areas.

He said the main concentration was in the north of Natal where 67 cases had been reported in KwaZulu and 127 in the Mapumulo area, west of Stanger, where an emergency clinic had been set up.

The clinic is said to be admitting 70 suspected cholera cases a day but Dr Gilliland said there was no danger of the disease getting out of hand as cholera tablets were being dispensed to local people and holiday-makers.

Dr E C Bhorat, the Stanger health officer, said his area was rife with cholera and hospital wards had swelled since the holidays. He said many patients were also being treated in out-patient clinics.

"There has already been an increase in the disease which is spreading to the north of Stanger. It will definitely get worse with the influx of travellers from rural areas and I reckon cholera will soon be in Durban," he said.

A spokesman from Stanger Hospital said 19 more people had been admitted on Sunday, bringing the total number of cholera cases in the ward to 47.

Four cases have also been admitted to King Edward Hospital, Durban, but these were "imported cases," Dr Gilliland said.

Dr Gerald Malan, superintendent of Jubilee Hospital, said cholera would spread with the influx of visitors.

"I think the last weekend has shown an increase and it could get worse but there are facilities to keep it under control," he said.

Dr Malan said the hospital had treated between 500 and 600 cases this summer.

"Cholera has now become endemic--an illness we will have to cope with in years to come," he said.

Cases in Eshowe, Durban

Johannesburg THE STAR in English 30 Dec 81 p 3

[Text] Three people in Eshowe and one in Durban have died from suspected cholera since yesterday.

A Department of Health spokesman in Pretoria said today that another 10 people suspected of having the disease were admitted to the Eshowe Provincial Hospital during the night. The hospital is now treating 45 suspected cases.

Since the latest outbreak began in August, 1 429 cases have been traced in South Africa and Bophuthatswana.

The man who died in Durban at Clairwood Hospital came from the Molweni District in the Valley of a Thousand Hills. He was admitted on Monday.

Dr Muriel Richter, Durban's deputy medical officer of health said today: "There is no threat to the people of Durban."

But she said there was an outside chance that cholera could be passed on in food.

"We are running crash programmes for people handling food."

The Department of Health warns people to maintain a high level of personal hygiene.

People should:

--Rinse raw fruit and vegetables in a solution of 5 ml (1 teaspoon) of chlorine to 25 litres of water.

--Boil all drinking water if the source is uncertain.

--Keep camping sites as clean as possible.

--Report all cases of diarrhoea to the nearest clinic, hospital or doctor.

Distribution of cholera cases since August:

Lebowa . . . . .	283
kwaZulu . . . . .	580
Natal . . . . .	216
QwaQwa . . . . .	1
Southern Transvaal . . . . .	82
Northern Transvaal . . . . .	41
Total in South Africa . . . . .	1 203
Bophuthatswana . . . . .	226

## Expected to Hit Durban Slums

Johannesburg SUNDAY TIMES in English 3 Jan 82 p 6

[Article by G R Naidoo]

**[Text]** CHOLERA is "spreading like wildfire" throughout the KwaZulu areas of Mapemulo and Ndewedwe and now heading towards Durban.

Eighteen patients have been admitted to the isolation wards of Clairwood Hospital.

The patients came from nearby Inanda, Adams Mission, Umlazi, Kwa Manku and from the Ndewedwe and Stanger districts, according to the senior medical superintendent of the hospital.

One patient from the Molweni district of the Valley of a Thousand Hills died in hospital this week.

Health inspectors have already started tracing people with whom the dead man was in contact.

The district surgeon of Stanger, Dr E C Bhorat, said this week that the annual pilgrimage of about 50 000 followers of the Rev Leoda Shembe to the sacred Nhlanhlangazi mountain in Inanda was cancelled because of the cholera outbreak.

"It could have been a flashpoint."

"There is little reticulated water in the area and the toilet facilities are primitive."

### It will hit the slums

"The disease could have reached very grave proportions if the Department of Health had not stepped in.

Officials from the Department of Health told the Rev Shembe that the pilgrimage would have to be cancelled unless sufficient chlorinated water was made available and trench latrines were provided for the pilgrims.

It was the first time in 60 years that the pilgrimage did not take place.

Dr Bhorat said Stanger hospital had more than 300 cases of cholera.

"The situation is very bad."

"In order to stop the disease from spreading and to prevent it in the future, reticulated water must be provided to the problem areas."

"Though the disease will not hit the city of Durban, it is sure to hit the slums closely surrounding the city."

"I am quite prepared to set up a meeting between the Urban Foundation, the Port Natal authorities and anyone else concerned about the welfare of the people, and to start off a fund to make it possible to supply reticulated water to the people in surrounding districts."

A spokesman for the health authorities in Durban said there were contingency plans in the event of an epidemic hitting the city.

## Emergency clinic

At Glenville, health authorities have converted the Parakabed state-aided Indian school into an emergency clinic.

Sister Nontata Gumede, who has been seconded to the clinic from Tongaat health clinic, said the clinic had treated more than 400 patients since it came into operation on December 21.

"Things are pretty bad in this area. Those who are very ill are put on drips and those who are serious are removed to the Stanger hospital 30km away."

"A second clinic has already opened near Stanger and there are plans to convert a school in the Tandeni area of KwaZulu, where most of the cases come from," she said.

And the cholera epidemic sweeping through parts of Zululand claimed another three victims this week.

Three people died at the Estcourt provincial hospital, where 68 suspected cases are being treated.

Marienburg has had its first case of cholera, but health officials believe there is no imminent danger of an outbreak.

## Abates in Transvaal

Johannesburg THE STAR in English 4 Jan 92 p 7

[Article by Pamela Kleinot]

**[Text]** Weekend rains have probably diluted cholera-plagued rivers in the Transvaal causing a drop in the incidents of the killer disease in the past few days, says Dr Gerald Malan, superintendent of Jubilee Hospital, Temba, near Hammanskraal.

Dr Malan said that only six cases had been admitted since New Year's Day, bringing the number of cholera cases in the ward to 18.

There has been a decline in the incidents of cholera since the flare-up last weekend when 18 patients were admitted to the hospital.

Eleven cholera cases were admitted to Clairwood Hospital, Durban, on Saturday night.

This morning the hospital had 29 patients being treated for the disease which is spreading throughout Natal. Four other people were waiting to go home.

One person died from cholera in the hospital last week.

Throughout Natal at least 92 confirmed cases were reported over the weekend--but these are provisional figures and exclude kwaZulu where hundreds of cases have been reported.

Dr James Gilliland, deputy director-general of health services, said his department had not yet compiled figures to give the total of weekend cases.

Cholera claimed 31 lives last year and, by late last week, more than 1 400 cases had been reported since the second outbreak last August.

Dr Gilliland said that, as people returned from their holidays, there would be "little flare-ups all over the show."

#### Spread Continues

Johannesburg THE CITIZEN in English 14 Jan 82 p 13

[Text]

SOME cases of cholera have been detected south of Durban indicating that the epidemic which began in northern kwa-Zulu in August last year is still spreading, a spokesman for the Department of Health said yesterday.

Since the outbreak six months ago, 45 people have died and there have been 2 000 confirmed cases of the disease.

The situation, however, was "under control", he said.

Employees of the Department of Health were "in the field" following up cases and contacts in order to identify cases of cholera at an early stage and to give early, effective treatment.

The spokesman pointed out that not all cases of Cholera had to be treated in hospital, "but even if they are, the patient usually has to stay for only three days, unlike with cases of typhoid where the patient has to be hospitalised

for three weeks."

More and more precautions against cholera were also being taken. This included the distribution of powder and tablets which people could use to treat water from rivers and wells.

The increase in the number of cholera cases seemed to have some relationship with the rainy season, possibly because with the rains, new sources of drinking water had been established, he said.

#### Cape Precautions

Johannesburg THE CITIZEN in English 15 Jan 82 p 3

[Article by Murray McNally]

[Text]

CAPE TOWN. — Twenty-seven representatives of health services in the Cape met in Cape

Town yesterday to draw up an educational programme and precautionary measures for cir-

culation in rural areas to combat cholera in case the disease should spread to the Cape.

The Director of Hospital Services in the Cape, Dr R M L Kotze, said at a Press conference in the city yesterday that four committees — in Cape Town, Port Elizabeth, East London and Kimberley — had been formed to co-ordinate the various health services in the province.

The campaign against an outbreak of cholera in the Cape will be aimed at specific target areas.

These areas will be disclosed by Dr Kotze next week.

The disease, which is waterborne and faecal-

ly spread, occurs mainly in rural areas where those who do not have a safe water supply and have poor sanitary facilities are most at risk.

A circular has been sent to farmers warning them to take precautions to protect their labourers.

They have been warned that their labourers should drink only piped water and, if not available, water from canals or streams should be chlorinated or boiled. Latrines should be sited at least 30 m from the source of drinking water.

Dr Kotze said Cape

health authorities feared that cholera would be brought to the province by migrant workers from Transkei and Ciskei.

• A domestic servant in Kempton Park, Johannesburg, has been admitted to the West Rand CMB Hospital with cholera.

Mrs Johanna Kehane was taken by ambulance from a house in Barry Hertzog Avenue to the Hillbrow Hospital where tests were carried out.

She was then transferred to the CMB Hospital, where she is being treated for cholera.

### Toll Reaches 3,000

Johannesburg THE CITIZEN in English 16 Jan 82 p 3

[Article by Keith Abendroth]

[Text]

THE Department of Health is to repeat its "Voice in the Sky" project to warn Black tribesmen of the dangers of cholera.

The Department said in Pretoria yesterday the cholera toll was now reaching the 3 000 mark — with a further 545 cases reported in the last few days bringing the total up to 2 630.

The death toll since the outbreak of the disease started last August was still 44.

The Department said

in a statement that it had been encouraged by the success of its "Sky shouting" project, in which an aircraft sponsored by a business organisation had broadcast information on the disease from the sky over affected areas for eight hours a day over three days.

The experiment was to be repeated next week after its success over a wide area of Natal and KwaZulu.

Most cases were still

being reported from KwaZulu followed by Natal and Lebowa.

In Natal, Stanger, Empangeni and Mapumulo reported 77, 144 and 32 more cases respectively.

Field teams were actively combating the spread and the public was co-operating well.

Because of the campaign and the aircraft project it appeared that the public was now attaching more importance to treating water with chlorine.

### January Increase

Johannesburg THE CITIZEN in English 20 Jan 82 p 11

[Article by Marilyn Cohen]

[Text]

AT LEAST 18 people have died from cholera since the beginning of the year, bringing the total number of reported deaths from the disease since the current out-

break began last August, to 48.

Two cholera patients died in the Clairwood Hospital in Durban this week, bringing the Natal death toll to 24.

### Total

The number of people suffering from the disease has risen by about 1 600 since the beginning of the month, bringing the total num-

ber of people who have contracted cholera throughout South Africa to about 2 500.

A spokesman for the Department of Health in Pretoria said yesterday that information on the latest reported cases and deaths from all parts of the country were being collated and would be released on Friday.

Another 37 suspected cholera cases had been admitted to the Clairwood Hospital since Monday, a hospital spokesman told Sapa.

"We are now treating 75 patients in special wards, but we have discharged 26 in the last 24 hours," he said yesterday.

#### Clinic

Many of the patients are from Inanda where the Department of Health has set up a clinic complete with hygiene education teams.

The Department has a number of mobile clinics set up all over Natal and kwaZulu. These clinics are moved from area to area as they are needed.

#### Inanda Worst Hit

Johannesburg THE CITIZEN in English 22 Jan 82 p 13

[Article by Tim Clarke]

[Text]

DURBAN. — The medical superintendent of the State Health Department, Natal, Dr Johan van Rensburg, said yesterday that he was most concerned at the spread of cholera in the province.

He said the situation "was grave" and was causing tremendous concern.

His department was most concerned that the epidemic appeared to be spreading from various areas in Zululand southward to Durban and Pietermaritzburg.

The worst hit area was Inanda on the north coast.

It appeared the disease was spreading from there to the big African township of Edendale on the outskirts of Pietermaritzburg. It was also travelling from there to shacklands near Durban.

Another five new cases were admitted to the Clairwood Hospital, Durban, in the last two days and the Stanger Provincial Hospital has had an intake of about eight since Monday.

A clinic recently es-

tablished at Kwa-Mashu, the big African township to the north of Durban, has also treated about 15 cases since the weekend.

However, the cholera situation in the rural areas of Zululand like Eshowe and Pongola, appears to be under control. Few new cases have been reported in these areas in the last month.

Sapa reports that the Swaziland/South Africa technical committee on cholera and mutual health matters held its first meeting in Mbabane on Wednesday.

The Department of Health said in Pretoria on Wednesday that frank discussions took place on the present cholera situation and views were exchanged on the most effective measures to control and contain cholera.

Areas of mutual co-operation were agreed on and the necessary measures would be put into effect as soon as possible, the statement said.

It was further agreed that future meetings would take place on a regular basis.

CSO: 5400/5768

SOUTH AFRICA

BRIEFS

CHOLERA TO SPREAD--Cholera will spread to the Cape and Free State, a top health official in Natal has warned. The disease has now reached Scottburgh, Natal, where four cholera patients were admitted last week. And another two cholera victims have died in Durban's Clairwood Hospital, bringing the Natal death total to 24--with almost 1,600 cases treated since the epidemic started in August 1981. Dr M Short of the Department of Health in Durban said no country had ever been able to control cholera. "Once cholera has entered a country it will never leave," he said. Cholera inoculations had proved useless and vaccine was only issued "for international purposes" when a country demanded that visitors be safeguarded. He added that it would "definitely" spread to the Cape and Free State, and the Durban State Health Department and Transkei had been preparing for the possible eruption of cholera in the homeland. "One comfort is that deaths usually occur at the start of an epidemic," he said. When people were alerted to the dangers, treatment could be administered in the early stages of the disease. The present death rate, he said, was low compared to the number of cases treated. The danger was that many carriers were not aware their moderate symptoms were those of cholera. [Ada Stuijt] [Text] [Johannesburg RAND DAILY MAIL in English 20 Jan 82 p 7]

CHOLERA IN DURBAN--Durban--A total of 115 people have been admitted to Clairwood Hospital in Durban since Friday for treatment against cholera, SABC news reported yesterday. Several of them came from Umbogintwini and Umbumbulu on the South Coast. In the past three days, 69 patients were admitted to Ngwelezane Hospital near Empangeni, 28 to Nkonjeni Hospital, seven to Eshowe Hospital and 20 to Stanger Hospital. Many people were also treated at the Ntuzuma Clinic in Inanda, where the incidence of the disease is now at its highest.--SAPA [Text] [Johannesburg THE CITIZEN in English 26 Jan 82 p 13]

CSO: 5400/5774

SWAZILAND

BRIEFS

CHOLERA DEATHS--Mbabane--Swaziland urgently needed more than R500 000 to fight the spread of cholera and avert a serious disaster, a secretary in the Ministry of Health, Mr Sam Magagula, has said in Mbabane. He said his Ministry required R645 000 for additional manpower, cars and fuel, water supplies, sanitation, health education, drugs and communications to continue the fight against the killer disease. In another development the Minister of Health, Dr Samuel Hynd, announced that two people had died on Tuesday, bringing to 21 the number of cholera deaths since last October. There are 431 cases of the disease in the tiny mountain kingdom.  
[Text] [Johannesburg THE CITIZEN in English 21 Jan 82 p 18]

CSO: 5400/5768

TANZANIA

BRIEFS

CHOLERA DEATHS--Twenty-two people have died of cholera in various parts of Dodoma region in the past week. This was revealed yesterday to the regional anticholera committee which meets every Saturday to review the situation. The district medical officer, Ndugu (Macharo), told the committee that 16 of the victims died in Lukali village in Dodoma rural district. Last week's deaths have increased the total number of people killed by cholera and other diarrheal diseases to 88 since the disease resurfaced in Dodoma on 7 November last year. The regional anti-cholera committee, meeting under the chairmanship of the Dodoma regional development director, Ndugu (Kileo), was also told 96 cholera patients were undergoing treatment in various health centers. [Text] [Dar es Salaam in English to East Central and Southern Africa 1800 GMT 10 Jan 82 EA]

CSO: 5400/2078

'ALARMING' INCREASE IN MAJOR DISEASES NOTED BY MINISTER

Kingston THE SUNDAY GLEANER in English 20 Dec 81 p 14

[Text]

PORT-OF-SPAIN,  
Trinidad.

Dec. 18 (CANA):

There has been an alarming increase in major disease endemic to Trinidad and Tobago over the past year.

This disclosure was made, among others, in a communicable disease report compiled by the Ministry of Health's National surveillance unit here.

During the last year more than 1,000 additional cases of gastro enteritis were reported as well as 3,000 and 4,000 additional cases of measles and influenza, respectively.

More than one-third of these diseases occurred in County Caroni, the country's major agricultural region.

The report stated that the

1980 gastro figures were 8,071 cases compared with 9,475 recorded this year.

County Caroni, where there were only 24 reported cases in 1980, had 2,287 cases reported this year, it said.

There were 3,472 cases of measles this year, while last year the figure stood at 267.

#### Three-year cycle

The report blamed the three-year cycle which, it said, hit the country this year.

13,574 cases of influenza were recorded this year, compared with 9,847 in 1980. Of these 3,040 cases were reported in County Caroni.

A medical spokesman here has blamed the massive

floods in central Trinidad for the increase in the number of influenza cases during the year. Unless steps were taken to ensure proper drainage in flood areas, these diseases would always be present, he said.

However, the unit emphasized that the larger figure for gastro enteritis was the result of an increased number of reporting sources, and said this did not reflect increasing morbidity.

The unit's report also noted that there were increases in dengue-fever, diphtheria, encephalitis, food-borne illness, malaria (three imported cases), typhoid fever and acute haemorrhagic conjunctivitis "red eye", over the last year.

CSO: 5400/7521

TURKEY

BRIEFS

CONTAGIOUS DISEASE REPORTING--It has been indicated that legal action will be taken against doctors who do not report cases of contagious diseases to the provincial health directorate. When cases of contagious and dangerous diseases such as "typhoid, paratyphoid, menengitis, scarlet fever, measles, dysentery, infectious hepatitis and cholera" occur, doctors are required to communicate the situation to the provincial health directorate. However, some doctors are said to have failed to inform the health directorates of diseases of this nature among patients who come to them. Provincial health directorate officials indicated that when doctors who do not report dangerous diseases are discovered they will be fined up to 5,000 lira in accordance with relevant laws. The officials gave the following information: "According to the Medical Law and the Hygiene Law No 1593, doctors are required to report diseases of this nature to provincial health directorates in order that preventive measures be taken in a timely manner. Information is received daily from hospitals and official health institutions. [Text] [Istanbul MILLIYET in Turkish 9 Jan 82 p 15]

TUBERCULOSIS STATISTICS--Ankara--Health and Social Welfare Minister Kaya Kilicturgay has indicated that tuberculosis continues to be one of our country's health problems. He said that "tuberculosis is found in 3.7 percent of our nation's population; 46 million injections of BCG have been administered, and 750,000 patients have been treated." [Text] [Istanbul CUNAYDIN in Turkish 4 Jan 82 p 4]

CSO: 5400/5313

FAKE MEDICINE WIDESPREAD IN HO CHI MINH CITY

Ho Chi Minh City SAIGON GIAI PHONG in Vietnamese 16, 17 and 20 Oct 81

[Article by Hoang Quan: "Should the Western Medicine Outdoor Market Be Suppressed or Allowed To Exist?"]

[16 Oct 81 p 2]

[Text] Recently, one aspect of the Western Medicine Outdoor Market has been presented in the press: its chaotic nature as a dishonest market established entirely for the benefit of the vendors there. However, this is not all that there is to the Western Medicine Outdoor Market. In very many cases, we have also seen that it is a market for substances that are...poisonous as well.

Fake Medicines: a Serious Danger

A mother, whose child had a serious case of diarrhea, hurried to the outdoor market to buy a bottle of serum mixed with a tonic. Reluctantly handing over 450 dong to an old woman who was squatting along the side of Truong Dinh Road, the mother held the bottle to her breast and received a word of "heartfelt" advice from the old woman: "Now, hurry home with the bottle to your child, you are very lucky to have been able to buy it!" However, the truth was that this mother was very lucky that she did not faint one-half hour later when a doctor examined her child and told her: "This is fake medicine filled with trash and you should not have bought it." Alas! What could be more painful to a mother in such circumstances!

I held a bottle of "Ga-ni-dan" [Vietnamese phonetics] medicine in my hand and examined it. It was quite attractive. It had the words Specia Paris brightly printed on it and even had a expiration date: December 1981. The fake medicine is as sophisticated as the real medicine! When taken home and put in a glass of water for a small child to drink, the medicine floats on the top for awhile and then breaks into pieces but never dissolves in the water. A taste revealed it to be wheat flour. I had wasted 3.5 dong per tablet. At another time, I bought 6 tablets of "Ne-o-co-di-ong" [Vietnamese phonetics] at a cost of 24 dong. The vendor poured them from a tin tube with very attractive printing. As they were falling from the tube, I saw the words "Sedatif puissant de la toux" and cast a critical eye at the shiny blue pills; this, together with the vendor's "guarantee" that if "these are fake, I'll

"stick my head in the ground," made me feel comfortable about buying them. When I arrived home, I bit open one capsule to see if it was fresh and found that it had no smell or taste and contained only a yellow powder resembling hog mash. There was absolutely nothing on the outside of the box indicating the codeine content of the medicine. I ran to the outdoor market to find the vendor and ask him if he would "stick his head in the ground" once to satisfy me. If you, yourself, want to learn about the "smooth talk" of the vendors at the outdoor market, be my guest.

#### An Alarming Increase!

There are so many types of fake medicine on the "free" market that complete data are still unavailable. All we do know is that they have whatever kind you might want. They have various types of antibiotics, such as oxytetracycline, aureomycin, typhomycin, penicillin, streptomycin and so forth, tonics, such as cam-po-long, vi-ta-xcooc-bon [Vietnamese phonetics], vitamin B12, phac-ma-tong [Vietnamese phonetics] and so forth, ordinary medications such as ruy-mech, cooc-tan [Vietnamese phonetics], aspirin, etc.

Eight months ago, the city's public health agency cited a number of fake drugs of which the people must be aware: various types of serums, such as 1cc vials of sulfate quinine, 1,000 grams of B12, 2cc vials of pyrethane bearing the name of the SIFAPP Institute of Pharmacology, 5 percent xe-rung-luy-co-de [Vietnamese phonetics], 2cc vials of pyridocin bearing the name of the ESKA Institute of Pharmacology, 1 milliliter vials of sulfate d'atropine bearing the name of the De Lalande Institute of Pharmacology, 2cc vials of eucalyptine, 2cc vials of hydrocortisone, etc.

The various types of medicine in liquid and tablet form include C.1000 revitalose and kalmaux bearing the name of the Hadzer Institute of Pharmacology; hepatrol bearing the name of the M. Rolland Institute of Pharmacology; penicillin 500,000, UI, panamycin, ti-pho-xin, cooc-tan [Vietnamese phonetics], etc.

Only a few months have past since then but the list of fake medicines has grown quite a bit longer. It is truly a cause for concern to everyone to read the following figures that were compiled by the city pharmaceutical testing station, figures which represent the percentages of fake medicine in the drugs tested by it: 1977: 11.9 percent; 1978: 53.7 percent; 1979: 54.08 percent; and 1980: 68 percent. For the first 8 months of 1981, the figure was 81 percent. This is a rate of increase very worthy of alarm! Observing the samples of fake medicine at the testing station, which are arranged in the chronological order in which they were taken, we clearly see that the hoodlums that make fake medicines have become increasingly clever and that their methods have become increasingly skillful. A few years ago, the majority of them only used small tin or plastic containers, small bags or old labels and medicine boxes for their fake medicines. Now, they have become "sly foxes"; they have learned how to print fake labels and bags, how to make presses and wrappers that are more sophisticated.

Even the author, after carefully examining dozens of samples of fake medicine, could not discern any characteristics of fake medicine that would distinguish them from real medicine in order to tell readers how to avoid them other than by relying upon trained eyes of medical personnel.

In order for readers to readily grasp how huge a quantity of fake medicine is being thrown onto the market by them, I would like to relate the following few cases:

In October 1980, after arresting Tran Dinh Ch. and Tran Dinh C., who made fake medicine in Binh Trung Village in Thu Duc, public security personnel confiscated quintals of wheat flour, cassava flour and subsidiary food crop flour that they had stored to make fake tetracycline, aureomycin, aureodacin, xuyn-da-rim [Vietnamese phonetics], etc. In November 1980, they arrested Nhan Khanh and Phung Muoi at number 49-24 Au Co Street and confiscated 1,470 kilograms of 50 different fake medicines. During the same month, in another case in the 25th Subward of Tan Binh Ward, public security personnel confiscated 5,000 tins of medicine and 28 kilograms of fake pills bearing such foreign labels and penicillin, tetracycline, phenocycline, cooc-tan, ruy-nech [Vietnamese phonetics], etc. On 3 July 1981, in the 4th Subward of the 10th Precinct, public security personnel confiscated tens of thousands of vials of fake medicine, including vitamins, be-pang-ten, cam-pho-xlin [Vietnamese phonetics], novacaine and xo-luy-cam-phro [Vietnamese phonetics]. The four ringleaders admitted that they had put tens of thousands of vials of fake medicine onto the market in the city and the provinces in the space of only the past 3 months.

Thus, the sheer quantity of fake western medicines is a very widespread threat to our people and the outdoor market is fertile ground for fake western medicines.

Day after day, fake medicines are going directly from the outdoor market into the bodies of persons who are ill in a "quiet" manner, one fraught with countless unforeseen perils.

We have not yet compiled official statistics on how many persons have become victims of fake western medicines throughout the city but each hospital receives two to three patients in their emergency ward each month who either took a fake western medicine by mistake or were poisoned by an expired medicine. Fatalities have occurred at the Tran Hung Dao, Nguyen Trai, Nguyen Tri Phuong, Saigon and other hospitals. At these hospitals, doctors have informed us that there are at least five cases per month in which they find out in time that a person has taken a fake western medicine when the patient is brought in by his or her family.

Recently, Dr. Do Hong Ngoc reported that at Children's Hospital Number 1 a number of children were admitted for treatment for perforated bowels for which the only diagnosis could have been poisoning due to a fake western medicine or some other toxic chemical. There are countless other victims of "spending money and still being sick," that is, persons who have spent very much money but, in the end, only put into their stomachs pills made of wheat flour, mash, cassava flour, water mixed with subsidiary food crop flour, etc. Who knows what the unseen and delayed harm to each patient will be?

[17 Oct 81, p 2]

[Text] The Western Medicine Outdoor Market: Its Other Negative Aspects

Together with the injuries and deaths mentioned above, a host of social ills and economic crimes is also being encouraged and supported by the western medicine market.

According to an investigation of five persons in the outdoor market at three different places in the city, medicine stolen from the state accounts for 7 to 10 percent of their business. This percentage is truly worthy of concern and is very deserving of the attention of drug management agencies everywhere.

The persons who sell medicine in the outdoor market do not merely sit around and wait for someone to buy medicine or sell medicine to them. They also work at making connections--strictly speaking, conspiring--to buy and sell medicine.

Conspiring with some personnel at drug stores, pharmaceutical enterprises, tax stations and hospitals is a routine practice of theirs because they must compete with one another to buy drugs in order to survive under the "law" of the market. Recently, a group of persons from the outdoor market, consisting mostly of persons who were once "drug exhibitors" or who sold drugs to the old "pharmacies," approached a number of private doctors for the purpose of conspiring with them in the marketing of medicines, which started the phenomenon of private doctor offices that also sell western medicine. Many private offices have earned much money by staying open after regular hours for this purpose. But is this stable work? Dr. Vo Thanh Phung said: "If a doctor is permitted to open a private office that also sells drugs (with which someone else frequently 'helps' him), who will perform the pharmacist's job? There would be fake medicine and real medicine in the same office. This work should be left to the pharmacists."

Profiteering is also an activity of the western medicine market, one that is always causing prices to change so that a profit can be made. All of the profiteers in western medicines that have been apprehended by the public security sector, such as Nguyen Thi Xuan, Nguyen Thanh Chuong, Ho Thi Be, Ho Thi Ba, Tran Van Thanh and Tran Thi Thuyet, have close ties with the persons in the market or are in the market themselves. At a time when society is experiencing a shortage of drugs for medical treatment, it was truly unforgivable for there to be at number 68/3 Nguyen Van Troi Street, at number 40-56A Tran Quang Dieu Street, at number 98-18 Ton That Thuyet Street and so forth piles of western medicines of dozens of different types, from such ordinary drugs as cac-bo-ga-ni-din [Vietnamese phonetics] and aspirin to various types of eye drops and nose drops. These persons are always looking for ways to create an artificial scarcity, even of drugs that are produced in rather abundant quantities in our city, and, in this way, control prices on the western medicine market and cause the prices of medicine to constantly be unstable and extremely confusing. For example, one ne-o-co-di-ong [Vietnamese phonetics] cough tablet sometimes costs as much as two tetracycline pills; one bottle of cooc-ti-bi-ong [Vietnamese phonetics] scented blemish cream costs as much as five bottles of streptomycin; one Contact cold tablet costs as much as 10 panamycin tablets, etc.

As regards the specialists of the public health sector, the Western Medicine Outdoor Market presents a strange problem: confusion in the treatment of patients, especially patients who overly worship foreign drugs. The vendors at the outdoor market routinely change the doctor's prescription to a medicine they have on hand, even though this substituted medicine might not do the patient any good at all and might even do permanent harm. A doctor I know told us about many cases in which prescriptions he

wrote for his patients were charged by persons at the outdoor market and he himself became the target of unjust complaints about "spending money and still being sick" by his patients.

In addition, cases of patients being urged to use antibiotics when they are not needed, endless criticism of domestic drugs, constant praise of western drugs, an effort to tarnish the prestige of the domestic pharmaceuticals sectors and so forth are always to be found among the persons at the Western Medicine Outdoor Market.

#### It Has Come Time To Suppress This Market

Such is the true face of the Western Medicine Outdoor Market. In a report written in TUOI TRE Newspaper, Trung Dung also agrees that "honesty is very rare there, even among persons who have just entered the 'trade,' possess a slight amount of good will and want to go against the current. Once a person joins the market, it is impossible to resist a force that constantly pulls in one direction, toward degeneration, decadence and illegality. Selling real western drugs is only one step away from selling fake western drugs and stolen medicine. And it is only one more step from selling fake western drugs to becoming involved in organizations that make fake drugs that kill people!" However, immediately after the first article on the Western Medicine Outdoor Market appeared in SAIGON GIAI PHONG Newspaper, some persons were still concerned. A reader who signed his name "Hoang Dan," sent a letter to the author and "warned": "You are unjustly attacking the outdoor market; if your wife or child were seriously ill, you would sell some of your furniture in your house to buy medicine for them. If you needed a few types of rare drugs and there were no outdoor market, you would only be able to complain about it and go to your death!"

According to Hoang Dan, the Western Medicine Outdoor Market is a necessary phenomenon because it complies with the law of supply and demand.

Sympathizing with the concerns forthrightly expressed by some readers, I discussed this matter with many persons in the medical field. Dr. L.V.S. in the 5th Precinct said: "Drugs are not simple consumer goods; specifically, they are different from motorbike spare parts, lightbulbs, clothing... They directly affect the life and health of the people. Thus, the Western Medicine Outdoor Market cannot be considered a purely economic phenomenon but a social issue of important significance involving the health and lives of the people. Even in the capitalist countries, drugs are only sold in licensed stores by pharmacists who are fully regulated by the law. The Constitution stipulates that the state cares for, protects and improves the health of the people, consequently, private individuals cannot be allowed to freely do business in drugs as though they were simple consumer goods, especially the private individuals at the outdoor market, whose highest objective is maximum profit. Therefore, our medical circle cannot share the simple and onesided thinking about the 'law of supply and demand.'" This answers the question quite clearly. The health and lives of the people cannot be the subjects of trade on the market!

Drugs must be under the exclusive management of the state. The recent Ministry of Public Health circular prohibiting private individuals from doing business in western medicine conforms with the feelings of the people and leaves nothing about which to argue.

Thus, where does the legitimate concern of some people lie?

#### Other Sources of Drugs That Have Not Been Fully Tapped

More than a few of the specialists with whom we have met said that our medical situation would not be so bad if there were good management. Dr. Nguyen Thi P. in the 1st Precinct calculated:

"If we organized the purchase of all of the western medicine sent from overseas to relatives here at fair prices, these people would be very satisfied because they are the ones being killed by the outdoor market.

If this were done well, we would have a significant source of drugs without having to spend foreign currency."

In view of present production conditions, the public health sector surely must import a number of drugs in order to satisfy the needs of the people, regardless of the difficulties involved or the cost in foreign currency.

We might also have additional sources of medicine in various associations of patriotic overseas Vietnamese.

If the activities described above are carried out well while increasing our drug production capacity, the shortage of medicine will surely be alleviated.

[20 Oct 81 p 2]

[Text] Pharmacist Nguyen Trung T. in the 3rd Precinct said in addition:

"We should not forget that we have the support of ethnic medicine, which is a very valuable and large source of drugs. These drugs can be decocted immediately and in a sophisticated manner using modern methods and techniques. Clinical tests have proven their efficacy. We once visited the Ho Chi Minh City Institute of Ethnic Pharmacology and saw first-hand very encouraging results in the research, decoction and production of drugs. Hundreds of types of drugs have been developed there that are not only used to treat diseases for which there is no efficacious drug, but also many tonics and ordinary drugs to treat illnesses ranging from itching to irritation of the eye, toothaches, inflammation of the throat, rheumatism and even recurrent malaria. Western medicines cannot even be compared to some of the drugs at the institute. And, I am only talking about one facility; in the country as a whole, there are very many facilities that decoct ethnic drugs and many hospitals that also decoct a significant number of drug products.

In addition, our people have an entire storehouse of traditional drugs handed down by their forefathers, which is a valuable heritage that very few nations of the world have and which also makes a very large contribution to meeting the needs of the people for medicine."

## Other Things That Must Be Done Well

Medicine must reach the hands of patients through the drugstores of the state instead of through the outdoor market; this is something that everybody wants.

The city now has roughly 300 drugstores. Some persons consider this to be a small number. This is something that should be studied by the public health sector. However, some suggestions that can be made immediately are that drugstores must be located in places where they can be easily seen and easily found, must have signs that clearly identify them and must be under the responsibility of a pharmacist; in addition, every possible step must be taken to keep drugstores open 24 hours a day. The practice of closing stores to "study," "attend a conference" and "take inventory" must be stopped. Every drug must be sold at business support prices and nothing more than a doctor's prescription need be required to buy medicine. Drugstores must practice close socialist cooperation with one another in order to exchange and distribute drugs to serve the needs of their customers and help to correct the problem of not having the drug needed to fill a prescription. Ordinary drugs must be widely sold to the people without a doctor's prescription in order to enable the people to treat themselves for commonplace ailments, such as headaches, congested nose, colds, itching, coughs and irritated eyes, as well as buy tonics, etc.

As regards management, many persons have suggested that now that private individuals have been prohibited from selling western drugs, we should enforce this decision thoroughly, constantly and strictly as this is the only way to stop the theft of drugs from production enterprises, hospitals, installation drug cabinets, state-operated drugstores and so forth and stop the sale of these drugs on the outside.

As regards production, we must make full use of the corps of cadres of the pharmaceuticals sector and existing production capacity. In the production of drugs, importance must be attached to quality, coordination and aesthetically attractive packaging. Many persons have recently said that there have appeared on the market some drugs produced by us on which the label is of very poor quality and the printing on the label is dark, smeared and unprofessional. Some pills that have the same enterprise name are not the same drug (as is the case with panamycin pills); some pills are rough and very coarse to the touch (such as pills for diarrhea); bitter tasting pills are not sugar-coated; empty capsules are found in packages; and pills that are taken orally dissolve before than can be swallowed. Many persons maintain that some types of "cold" pills require clinical testing.

The above mentioned shortcomings regarding drugs have a very large influence upon the attitude of persons who take medicine, maintain the inferiority of our medicine to western medicine and do not do much to contribute in this initial stage to building prestige for our pharmaceuticals sector; in view of our existing capabilities and technology, all of these shortcomings could have been avoided.

It is necessary to provide more information on pharmaceutical products to the people so that they become familiar with the types of drugs we produce and necessary to promote the periodic publication of pharmaceutical dictionaries with updated addenda so that the people have faith in using drugs produced by us and in order to provide information to physicians for use when writing prescriptions.

The above mentioned efforts by the pharmaceuticals sector will make a very large contribution to changing drug use habits, gradually eliminating the thinking of only trusting foreign medicine, only trusting drugs that have established names and the thinking of having little regard for domestic, drugs, for ethnic drugs, thinking which disregards the fact that foreign drugs are not packaged in a manner suited to our climate and very frequently do not produce the desired results.

Some persons have also suggested that we should re-examine a number of policies and systems governing the distribution of drugs and do everything possible to avoid loopholes that provide opportunities for misappropriation, partiality, conspiracy, abuse of authority or red tape that poses difficulty to the people and makes them angry.

Drugs for medical treatment are one of the many difficulties faced by our country in the period of transition. The solution to this difficulty lies in a plan that encompasses all aspects of the economy, society, culture, living conditions, science, technology and so forth. This article has only reflected some of the concerns of the people over the unwholesome activities of the western medicine market in the hope of contributing another voice in the effort to find a solution to an urgent problem in the daily lives of the working people.

7809  
CSO: 5400/4539

MP ASKS GOVERNMENT STEM INFLUX OF ZAIRIANS TO CONTROL CHOLERA

Lusaka TIMES OF ZAMBIA in English 13 Jan 82 p 1

[Excerpt] Eleven people have died and 72 others are in various health institutions in Mwense district since the outbreak of cholera in Luapula Province, a Member of Parliament for the area Mr Felix Kapapula said in Ndola yesterday.

Mr Kapapula said although health authorities are doing everything in their power to control the disease, their efforts are being hampered by the influx of Zaireans into the country.

Mr Kapapula appealed to the Government to control the influx of foreigners if the disease was to be checked.

The Zaireans cross into Zambia in boats avoiding immigration check points because the river border was wide and the customs and immigration manpower was inadequate.

The MP said the Aireans come for treatment because they have no vaccines and drugs across the border.

"I am appealing to the Red Cross to use its good offices to move into Zaire and vaccinate the people there as well.

"It is a matter of life and death. The Government should talk to the Zairean authorities to control the disease from their side of the border. Otherwise it is a futile exercise to try to control the disease from the Zambian side only," Mr Kapapula said.

The MP, who was on his way to Lusaka for the forthcoming session of the National Assembly, paid special tribute to the Health Ministry permanent secretary Dr Joseph Kasonde for sending additional medical personnel to Mwense.

Mr Kapapula has warned of famine in the district because the people's livelihood depended on fishing which was now restricted.

"The Government and other charitable organisations should fly in tinned food and other vital foodstuffs to avert the imminent famine."

CSO: 5400/5759

## LUAPULA, LUSAKA CHOLERA PREVENTION

Lusaka TIMES OF ZAMBIA in English 12 Jan 82 p 1

[Text] CHAIRMAN of Mission Medic-Air Mr Michael Montgomery has appealed to authorities to send bath soap and washing detergents to cholera affected areas in Luapula Province to improve personal hygiene.

Speaking after delivery of a plane-load of intravenous fluids and cholera vaccine to Mambilima on Sunday, Mr Montgomery suggested that since personal hygiene was important in the fight against cholera, the area which had been without soap for sometime should be flooded with bath soap.

Mr Montgomery, who is an assistant mine superintendent at Roan Consolidated Mines Luanshya division, was accompanied to Mambilima by Dr George Adams, acting medical superintendent of Luanshya Hospital.

He noted that sanitation was important to control the spread of the disease.

He appreciated the concern of the Ministry of Health under the personal supervision of the Minister Mr Ben Kakoma who is in the province checking on the situation.

Mr Montgomery said the team of doctors and four Zambian nurses were at

Mambilima helping to treat patients and vaccinate villagers.

He said 27 cases of cholera had been confirmed at Mambilima and two people had died.

There were reports that the Zairean government on the other side of Luapula river had sent a team of three doctors and nurses.

The Zambia Flying Doctor Service made a similar delivery of vaccines to Mansa yesterday after failing to deliver the medicines the previous day because of bad weather.

In Mansa, Bahati MP Mr Simon Kalaba appealed to people in his constituency not to receive visitors from Mwense in order to help the Party and its Government control the cholera.

Mr Kalaba has appealed for more anti-cholera vaccines to be sent at the Mansa-Mwense road check points.

The MP made the appeal after inspecting the check-point yesterday where he was told by health workers that vaccines ran out on January 4.

In Lusaka, 160 employees of the Lusaka hotel were yesterday vaccinated against cholera at the request of the hotel management.

CSO: 5400/5762

## MINISTER SAYS CHOLERA EFFECTIVELY UNDER CONTROL IN LUAPULA

Lusaka TIMES OF ZAMBIA in English 15 Jan 82 p 1

[Excerpt]

FOURTEEN people have so far died and 80 others treated at various health centres after an outbreak of cholera in the Mwense, Kawambwa and Nchelenge districts of Luapula Province.

These are the first official figures released by the Ministry of Health yesterday since the killer disease broke out nearly three weeks ago.

Minister of Health Mr Ben Kakoma, who has just returned from an on-the-spot check of the situation with permanent secretary Dr Joseph Kasonde, told a news conference at his office yesterday there was no cause for panic because the situation was effectively under control.

Medical personnel and health inspectors from within and outside the province had already been deployed into the affected areas. Yesterday more reinforcements from Lusaka were sent to the area.

The cause of the disease had not yet been established, but he would go back within a week to find out.

A provincial surveillance committee to monitor the operations and a district committee to check day-to-day progress, have been formed at Mansa.

Inter-district roadblocks manned by police and health personnel have been established to check the movement of people and those who pass through are given tetracycline capsules.

There were 100,000 capsules of tetracycline distributed to all rural health centres as well as adequate doses of vaccine.

To control the spread of the disease, patients in hospitals were only allowed one relative to visit them who is taught health regulations and how to prevent the disease. When a patient dies, only a few selected relatives are allowed to bury the victim accompanied by a health worker. The home of the dead is disinfected.

"The situation is under constant review and the Party and its Government is concerned because we don't want people to die from a disease which can be easily controlled," the minister said.

Mr Kakoma commended the chiefs and the people for the cooperation which they were giving to the medical workers.

When the disease was first reported Mission Medic-Air of Luanshya joined the fight to contain it by airfreighting the first 30 doses of vaccine to Mambilima mission hospital in Mwense.

The Kawambwa district surveillance committee stepped in by suspending bus services and other traffic in the area to control people's movements and avoid the spread of the disease.

Check points were set up at Chipunka and Kasumpa, Mwense/Nchelenge roads, Katotoma and Chipita harbour and Kalenge on Mbereshi/Kawambwa road.

BRIEFS

TRAINING INSTITUTE'S OPENING POSTPONED--Minister of Education and Culture Dr Henry Meebelo has ordered that the opening of the Mansa Trades Training Institute be postponed until further notice because of an outbreak of cholera in Luapula Province. A spokesman for the ministry said students required to begin studies on Monday should not go until they get instructions from the ministry headquarters. Meanwhile, Health Ministry permanent secretary Dr Joseph Kasonde announced in yesterday's GOVERNMENT GAZETTE, that Nchelenge, Mwense and Kawambwa districts have been declared cholera infested areas. Last week, Dr Meebelo announced that the opening of all secondary schools and two boarding primary schools in the province had been postponed indefinitely because of the same reason. "All other secondary schools in the country will open according to the new school calendar." Affected schools are Nchelenge, Mabel, Shaw, Mwense, Kawambwa, Mansa, St Clements, Samfya, Lubwe and St Mary's secondary schools. [Excerpt] [Lusaka TIMES OF ZAMBIA in English 16 Jan 82 p 5]

CHOLERA PREVENTION MEASURES--District cholera surveillance committees in the Northern Province have been instructed to map out strategies for combating cholera following the outbreak of the disease in Luapula Province. The provincial health inspector for Northern Province, Mr Danwell Chifunda, said on Tuesday that the instruction has been issued so that health authorities in the province are not caught unawares by a fresh outbreak of the disease. The province has already experienced an outbreak of the killer disease in Mbala and Kaputa districts. Mr Chifunda said committees in Luwingu, Kaputa and Mpotoroko have been told to be more vigilant because they share boundaries with some districts in Luapula Province where the disease first struck. He added that an immunisation campaign has also been launched at Nakonde following reports of two suspected cases of cholera across the border in Tanzania.--Zana. [Text] [Lusaka DAILY MAIL in English 14 Jan 82 p 3]

CSO: 5400/5762

ARGENTINA

BRIEFS

ANTHRAX OUTBREAK--Necochea, 30 Dec 81 (TELAM)--An outbreak of anthrax killed 50 aberdeen angus at a ranch located 50 km from Necochea. The animals were immediately killed and buried while all persons who had contact with them were put under medical observation. [Text] [PY181644 Buenos Aires TELAM in Spanish 2103 GMT 30 Dec 81 PY]

CSO: 5400/2081

## NEW ANIMAL QUARANTINE STATION OPENS IN COCOS ISLANDS

Perth THE WEST AUSTRALIAN in English 12 Nov 81 News of the North p 8

[Text]

**The Federal Minister for Health, Mr MacKellar, last week opened a \$6.4 million high-security animal quarantine station in the Cocos Islands.**

The station was established to provide Australian livestock producers access to important sources of overseas genetic stock.

"The station offers new scope for the future development of Australia's livestock industries," Mr MacKellar said.

He said the world-class facilities now available at Cocos Island were part of a \$13 million Commonwealth programme implemented over the past four years to extend and upgrade Australian animal quarantine facilities.

The first cattle to use the Cocos station would arrive by commercially chartered stock-carrying aircraft from the United States and Canada towards the end of this month.

A second shipment

from the same area was expected to arrive at the station in April next year.

"Quarantine officials of my department are at present in North America supervising all pre-export disease screening arrangements and preparing the first consignment for transport to Cocos via a specially selected route," Mr MacKellar said.

"These officials will accompany the charter flight to Cocos."

The new station would provide Australian producers with safe access to new blood-lines and breeds of farmstock, he said.

This would be particularly important, for example, for the vast beef producing operations in North Australia.

It would provide a safe avenue for the importation of tick-resistant and heat-tolerant breeds and the result would be increased productivity at reduced cost.

The new station incorporated the latest concepts in animal care and husbandry.

It included a labora-

tory with diagnostic, surgical and pathology sections, and specially-designed ventilation and cooling systems.

The station had a capacity for 120 adult imported cattle or their equivalent numbers in small species.

Mr MacKellar said that with the establishment of the station, the range of genetic material which could be safely imported would be substantially increased.

However, the full potential of the station would be realised when the Australian National Animal Health Laboratory now under construction at Geelong, Victoria, came into operation in 1983-84.

The laboratory would have the capacity to undertake the extensive diagnostic testing which would be required to support a vigorous programme of importation of animals from high disease risk regions such as Africa, South America and Asia.

These countries possessed the genetic material likely to be of most value to Australia.

CSO: 5400/9073

CZECHOSLOVAKIA

BRIEFS

LYNX TO COMBAT RABIES--A project to transplant lynx from its natural habitat in Slovakia to the Sumava Mountains in Bohemia is being currently implemented for the purpose of eradicating rabid animals. In its habitat, Lynx cannot tolerate two of the most common carriers of rabies-fox and feral cat. There is a minimal possibility for lynx to contract rabies; even when affected, lynx do not show any signs of madness or aggressiveness. [Prague MLADA FRONTA in Czech 22 Jan 82 p 1]

CSO: 5400/3004

DOMINICA

BRIEFS

SWINE FEVER CONTAINMENT--Roseau, Dominica, Dec. 16 (CANA)--Dominica government says an outbreak of swine fever here has been checked but the Ministry of Agriculture has warned pig farmers to refrain from transporting pigs to any other part of the island from the diseased northern areas. Agriculture Minister, Heskieth Alexander, speaking in Parliament this week, said that to date a total of 50 pigs had been slaughtered by officials from his Ministry and that the outbreak of swine fever had been checked. Mr. Alexander said that it was the opinion of investigators that the outbreak might have been connected with the importation of pigs from neighbouring islands. In view of this he appealed to farmers to be more careful with future pig imports. Mr. Alexander told Parliament that his Ministry was contemplating compensating farmers by replacing the diseased pigs slaughtered during the government's campaign to eradicate the disease. [Text] [Kingston THE DAILY GLEANER in English 17 Dec 81 p 9]

CSO: 5400/7521

INDIA

BRIEFS

RINDERPEST DEATHS--New Delhi, 18 Jan (AFP)--Over 300 water buffaloes, a rare species in Asia, died of rinderpest at the Kaziranga wild life sanctuary in Northeast India last year, a United Nations advisor on wild life preservation has disclosed. Dr Robin Banerjee told the Indian news agency, UNI, yesterday that the dreaded disease has spread over the sanctuary as cowherds illegally entered the sanctuary area to graze their livestock. At least four rhinos also died of the same disease, he said. [Text] [BK191203 Hong Kong AFP in English 1302 GMT 18 Jan 82]

CSO: 5400/7043

## ANTHRAX OUTBREAK LAID TO ARCHAEOLOGICAL DIG

WA201513 Moscow SOVETSKAYA ROSSIYA in Russian 14 Jan 82 p 4

[A. Lebedinskiy Report from Permskaya Oblast under the rubric "An Incident": "Virus From the Seventh Century: A Dangerous Disease Broke Out. Specialists Were Puzzled: Where Did It Come From?"]

[Text] The veterinarian felt a sensation of special danger when she saw the cow with its head thrown back. It was obvious that it was a serious infection. But what kind? Nearby, women were lifting up other cows. The experienced specialist's eye at once noted the basic symptoms. The categorical -- but unexpected -- conclusion was: anthrax! But where did it come from? This disease has long since been considered extinct and remains only in reference books and veterinary textbooks...

One can compare Aleksandra Ivanovna Sidorova's activity from that moment onward with the work of a sapper, disarming a rusty artillery shell. She had to hurry and at the same time carefully consider every step. There were 500 more cows on the farm. And if the disease spread beyond the bounds of the farm, even people could suffer... And so, Sidorova promptly sent samples to the rayon and then began disinfection. The laboratory quickly confirmed the diagnosis. Promptly, in a matter of days, more than 40 veterinarians and more than 30 infectious diseases station [sanepidstantsiye] workers had gathered on the First of May Kolkhoz. By that time, when the disease vector [vozbuditel infektsiya] was determined, four special laboratories were already examining the animals. Clothes, instruments -- everything that could spread the infection -- was disinfected in steam-Formalin chambers [paroformalinnaya kamera]. This village was quarantined and powerful disinfecting installations arrived there.

But one thing remained unclear: Where did the anthrax come from? What was the source of the terrible disease, which even the oldest inhabitants hereabouts do not remember? Some boys, who get into everything, helped find the answer. They remembered that a group of archaeology students had been there that summer. On the bank of the picturesque Shakva River the students uncovered an ancient settlement. The discoveries made it possible to theorize that, approximately in the seventh century, some sort of disease had raged here; many people and animals had perished. The survivors burned the houses and abandoned the area forever. They also remembered that, 2 or 3 weeks later, the kolkhoz herd had grazed near the excavations. Anthrax spores were actually found in samples taken there by microbiologists. They had slumbered in the depths of the earth for 13 centuries! The struggle with the terrible enemy went on for 3 weeks. And here are the results: Not one animal, except for that first cow which Sidorova examined, fell sick. And no people fell sick. Time passed. We are reporting this because only now the veterinary and epidemiological services can confidently state, with relief: The disease will not return.

CSO: 5400/2078

## BUFFALO SUSPECTED OF BEING FOOT-AND-MOUTH DISEASE CARRIERS

Lusaka DAILY MAIL in English 1 Jan 82 p 7

[Text]

THE news that foot and mouth disease has spread to new areas in Mazabuka district is disturbing.

There is a natural tendency to blame the Government for not taking sufficient action early enough. One of the problems with foot and mouth disease is that tests have to be carried out to discover the type before vaccine can be ordered. These delays in getting vaccine may prove to have been costly since one of the main features of the disease is its rapid spread.

However some of the blame for the spread must undoubtedly be placed on farmers who have not always been very co-operative in keeping their infected cattle from contacting those that are uninfected. In communal grazing areas, such as the Kafue Flood Plain, it is difficult to control movements of cattle. Furthermore many farmers are ignorant of the disease and do not understand why it is so serious.

Foot and mouth disease is taken very seriously in many countries mainly because it spreads very rapidly and without checks could infect every cow in the country within a few months. Thus, although

usually it doesn't kill many cattle, it causes serious disruption by at least halving the national milk supply and seriously reducing the number of animals available for slaughter.

In Britain foot and mouth disease is taken so seriously that infected cattle and even contact cases are usually slaughtered by the government at huge expense. As a result the country is normally free of the disease and has built up a reputation for being able to supply disease free stock for export.

Botswana, as a major meat exporter, has to take foot and mouth disease extremely seriously. The whole country is now divided into fenced blocks known as cordons, which have supervised entrances whenever there is no outbreak. This means that the movement of cattle can be strictly controlled even in the communally grazed areas. The sale of cattle is so organised that the EEC, which normally buys up to half of Botswana's beef exports, can now reject carcasses from certain parts of the country where foot and mouth disease is suspected.

In both Zambia and Botswana the buffalo is suspected of providing the main reservoir of the foot and mouth virus. After

intensive vaccination campaigns and control of cattle movements by the Veterinary Department the disease is usually brought under control in cattle. However the buffalo carry over the disease until the next outbreak. In Botswana a study of 700 buffaloes revealed a constant percentage that were carrying all three types of the disease. Unfortunately most vaccines in use at present are only effective for about six months. Cattle are then susceptible to re-infection either from buffaloes or other cattle.

The main hope for the future is in the development of new, safer and longer lasting vaccines. Using a genetic engineering technique, research workers at the University of Heidelberg and the Max Planck Institute for Biochemistry in West Germany believe they have made a breakthrough in producing such a vaccine. Much needs to be done in testing and checking the vaccine before it is ready for widespread use in Africa. But once it is we should see a substantial reduction in the frequency and seriousness of outbreaks. It may even be possible to vaccinate our buffaloes so that they have lifetime protection from the disease and so cease to be carriers.

CSO: 5400/5761

## FROGHOPPERS DESTROY RICE PADDIES IN MINAS GERAIS

Rio de Janeiro JORNAL DO BRASIL in Portuguese 12 Dec 81 p 8

[Text] Belo Horizonte-The fungus *metarrhizium*, still in its experimental stage, is the Minas Gerais secretary of agriculture's great hope for combating the frog-hopper plague which this year, in addition to the north of the state and the Rio Doce valley, is destroying pastures and even rice paddies in the Minas Triangle, Alto Paraiba, the west and Alto-Medio San Francisco, almost as far as the Belo Horizonte metropolitan area.

The northern Minas pastures are also being decimated by froghoppers in unusually large sections and except for the spraying of insecticides, the cattle raisers have no means to attack the plague. Auricedes Alves Moreira, the ministry's farming and cattle-raising superintendent, blames the continually spreading brachiate grass for its vulnerability to froghoppers and grasshoppers.

### Biological Control

For several years, froghoppers have been attacking pastures in the north and northeast of the state, causing the farmers enormous financial losses. The plague was identified 8 years ago, the most violent incidence occurring during agricultural year 1976-77, when producers resorted to insecticides in portable sprayers.

For the past 4 years the attacks have been few but this year with the humidity and rising temperatures, the froghoppers have proliferated, and are moving on to other areas. "The major concern," Auricedes Moreira said, "is that they have begun to attack the rice paddies."

The fungus *metarrhizium* causes the desiccation and death of the froghoppers and already in 1975 there was talk of using it. According to a Ministry of Agriculture official, biological control by means of the fungus is being tested in the municipio of Florestal, near Belo Horizonte. He said that the product—which costs 2,500 cruzeiros per kilo--will be recommended only after its effectiveness has been proved.

### Grasshoppers

The "massive attacks" of grasshoppers in northern Minas are also worrying the government. The farming and cattle-raising superintendent announced that they

had already sent teams to the region to help the farmers apply the insecticides with the portable sprayers, with the use of tractors and other vehicles.

He explained that two plagues had been expanding because of the increase of brachiate grass in the pastures, making them highly susceptible to plagues. Auricides Moreira said that in the regions attacked, there is land completely covered with this rare type of grass.

He said that in the lower pastures, the cattle have great difficulty in finding food and, therefore, the Ministry is asking the producers to take them to higher pastures, less infected by froghoppers and grasshoppers.

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CSO: 5400/2071

## BRIEFS

GRASSHOPPERS IN SOUTHERN REGION--There is a silent outbreak of varigated grasshoppers in southern Ghana, Dr Boakye Amoako-Atta, head of the Department of Biology, Food and Agriculture of the Ghana Atomic Energy Commission (GAEC) announced on Wednesday. He said the grasshoppers which have been attacking cassava, cereals and vegetables, posed serious threat to the produce of the traditional farmer. Dr Amoako-Atta was speaking to the Ghana News Agency reporters, after conducting them round a cassava farm near the offices of the GAEC at Kwabenya near Accra. He said the outbreak was an endemic thing which recur every year during the harmattan, cautioning that if it was not checked at the initial stage, it could cause a lot of frustration to peasant farmers. Dr Amoako-Atta explained that the attack of the pests could reduce yields and cause delay in maturity of the crops. He said this was the time to control them by chemical spraying. Failure to do this would result in the crops being destroyed. Besides, there were other diseases affecting mango trees and cassava leaves, he said. Dr Amoako-Atta called on the Department of Crop Protection of the Ministry of Agriculture to demarcate the affected areas so as to combat the pests effectively. [Text] [Accra GHANAIAN TIMES in English 1 Jan 82 p 8]

CSO: 5400/5758

MALAWI

BRIEFS

ARMY WORM INFESTATION--Machinga, Monday--People in Machinga District have been asked to co-operate with the Ministry of Agriculture extension staff in the task of combating an army worm outbreak in the district. The call was made jointly by the Member of Parliament for Machinga North, Mr. Grasham Chidothe and the District Party Chairman, Mr. Leonard Chiyembekezo when they addressed a Party meeting at Malaya area Party branch in Chief Msamala's area. Mr. Chidothe appealed to cotton growers to spray insecticide in their gardens to destroy the army worms which have attacked crops there from December 4. The parliamentarian warned those who wasted their time thinking that the army worms would just disappear without spraying insecticide in their gardens. The army worms have so far attacked a number of gardens in the villages of Kanyimbo, Ngomwa, Nyama, Mangulu, Mpita, Khisa, Kachenga, Binoni, Chembela, Toleza, Kuthambo, Utale, Mpilitsi, Ulongwe, Mwima and Chibwana Msamala are being destroyed by spraying Sevin insecticide which is supplied free of charge by Government--MANA [Excerpts] [Blantyre DAILY TIMES in English 12 Jan 82 p 10]

CSO: 5400/5771

MYSTERY WORM THREATENS CROP

Mbabane THE TIMES OF SWAZILAND in English 11 Jan 82 p 1

[Article by James Dlamini]

[Text]

THE Malkerns Research Station is investigating a mystery worm which is threatening the entire maize crop in the Central Rural Development Areas.

A number of laboratory tests are being made to find an effective pesticide and to identify the pest.

"We suspect it might be a corypha species or ephesia, but at this stage, we don't really know what it is," said Mr. S.S. Dlamini, agricultural officer in charge of grain storage at the research station.

Mr. Dlamini said the station had collected samples from all over the country, but the pest could not be found anywhere else.

"It seems to be exclusively in the Central RDAs and we have never come across it before," Mr. Dlamini said in an interview.

The pest was discovered in July last year and a sample was taken to the station. The researchers

were baffled by what they observed.

Mr. Dlamini said normally, a pest of this kind would have developed all the way from the egg to adult stage within six weeks under the conditions in which it was exposed to at the station.

"But from July up to now, the thing is still at larva stage," Mr. Dlamini said.

"This is very strange," he said. The worm builds a cocoon around itself. It bores a hole through the cob and destroys the embryo of the cob, causing it to rot.

"We are warning all the farmers to use "red triangle dust (umciji) as a preventive measure until we come up with a solution," Mr. Dlamini said. Red triangle dust known as "umciji" in siSwati is well known among small farmers in the RDAs.

The Central RDAs cover a wide area including Zombodze, Ludzidzive, eMbhikwakhe, Mzimnene,

Embekelweni and surrounding areas.

The RDAs are a government project designed to assist small scale rural farmers to produce sufficient food for themselves and possibly a surplus for marketing.

#### Food bank

Mr. Dlamini also disclosed that he plans the establishment of a national food bank at Matsapa Industrial Area, where maize would be stored for securing drought years.

Huge storage tanks would be placed near the railway station in Matsapa, Mr. Dlamini said.

He said towards this end, the Food and Agricultural Organisation (FAO) was providing maize storage tanks to rural farmers where communities store their surplus product before marketing.

These tanks have the capacity to store 500 tones of mealies at a time. This is designed to make rural farmers realise that maize is also a cash crop.

CSO: 5400/5769

TANZANIA

BRIEFS

FIVE-YEAR CROP PEST PROGRAM--Dar-es-Salaam, January 9--Tanzania's Ministry of Agriculture is planning to launch a five-year battle against crop pests as part of the greater war against famine. The programme, which is expected to cost about 15 million shillings (almost two million dollars), involves distribution of insecticides and pesticides to all areas regularly affected by pests, including the highly destructive army worm. In recent years pests have destroyed 30 percent of the nation's food grain harvest. (A.F.P.) [Paris AFRICA AFP in English 12 Jan 82 p 17]

GRAIN BORER THREATENING MAIZE CROP--Dar-es-Salaam, 1 Jan--An American insect not seen in Africa until just over a year ago is threatening Tanzania's maize crop, according to Government officials. The official DAILY NEWS said in an editorial today that urgent action must be taken by the authorities to obtain enough insecticide to control the greater grain borer that is thought to have reached Tanzania's Tabora region in imported food aid. The newspaper called for an investigation to establish exactly how the insect, prost Stephanus trauncatus, reached Tanzania, and why its presence was not detected earlier. Experts from Britain's Tropical Products Institute identified the insect in October. They were called in after the borer, previously known only in Central America and parts of the United States, devoured considerable quantities of maize as well as silos, wooden farming tools and household utensils. Tabora Development Director Daniel Mukumbwa told REUTERS today that peasants in the region, which has about 800,000 people, were being encouraged to use insecticide on harvested maize. The insect has been reported in several other areas, and is considered a serious threat to the country's food supplies.--NAB/BEUTER [Text] [Rangoon THE WORKING PEOPLE'S DAILY in English 3 Jan 82 p 6]

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